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CONFIRMATION NO. 7710

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|--|---|---------------------------|---|---|----------------------------|
| SERIAL NUMBER 10/612,321 | FILING DATE 07/01/2003 RULE | CLASS 424 | GROUP ART UNIT 1651 | ATTORNEY DOCKET NO. Schakel-NonProv | |
| APPLICANTS Karl W. Schakel, Fort Collins, CO, Deceased; Karl G. Schakel, Fort Collins, CO, Legal Representative; | | | | | |
| ** CONTINUING DATA ***** This appln claims benefit of 60/393,717 07/01/2002 <i>yes</i> | | | | | |
| ** FOREIGN APPLICATIONS ***** <i>None</i> | | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 12/11/2003 | | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged | Allowance <i>Schakel W. Schakel</i> Examiner's Signature Initials | STATE OR COUNTRY CO | SHEETS DRAWING 9 | TOTAL CLAIMS 36 | INDEPENDENT CLAIMS 5 |
| ADDRESS 33549 SANTANGELO LAW OFFICES, P.C. 125 SOUTH HOWES, THIRD FLOOR FORT COLLINS, CO 80521 | | | | | |
| TITLE Health enhancement system | | | | | |
| FILING FEE RECEIVED 880 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) | | |